## FOR GILL-MONTAGUE REGIONAL SCHOOL DISTRICT ENROLLEES

**Commonwealth of Massachusetts Group Insurance Commission**

### Active Employees, Retirees, and Survivors *WITHOUT MEDICARE*    *Includes 0.75% Administrative Fee*

| select & save quality. value. | TEACHER Who Retired *Before July 1, 2008* | | | EMPLOYEE and Non-Medicare Retiree/Survivor | | |
|---|---|---|---|---|---|---|
| | Pays Monthly % | Pays Monthly $ | Pays Monthly $ | Pays Monthly % | Pays Monthly $ | Pays Monthly $ |
| **HEALTH PLAN** | | Individual Coverage | Family Coverage | | Individual Coverage | Family Coverage |
| **Fallon Community Health Plan Direct Care** | 10% | $ 39.75 | $ 95.40 | 10% | $ 39.75 | $ 95.39 |
| **Fallon Community Health Plan Select Care** | 10% | 47.17 | 113.20 | 10% | 47.17 | 113.20 |
| **Harvard Pilgrim Independence Plan** | 10% | 51.35 | 124.25 | 15% | 77.04 | 186.39 |
| **Health New England** | 10% | 42.71 | 105.87 | 10% | 42.71 | 105.87 |
| **Navigator by Tufts Health Plan** | 10% | 48.62 | 117.35 | 15% | 72.94 | 176.03 |
| **NHP Care** (Neighborhood Health Plan) | 10% | 42.18 | 111.76 | 10% | 42.17 | 111.76 |
| **UniCare State Indemnity Plan/Basic** *with* **CIC** (Comprehensive) | 10% | 75.34 | 175.86 | 25% | 188.32 | 439.65 |
| **UniCare State Indemnity Plan/Basic** *without* **CIC** (Non-Comprehensive) | 10% | 71.85 | 107.80 | 25% | 179.63 | 419.50 |
| **UniCare State Indemnity Plan/ Community Choice** | 10% | 41.09 | 98.62 | 15% | 61.65 | 147.94 |
| **UniCare State Indemnity Plan/PLUS** | 10% | 52.18 | 124.52 | 15% | 78.57 | 186.79 |

### Retirees and Survivors *WITH MEDICARE*

| HEALTH PLAN | TEACHER Who Retired *Before July 1, 2008* Pays Monthly Per Person | | RETIREE AND SURVIVOR Pays Monthly Per Person | |
|---|---|---|---|---|
| | % | $ | % | $ |
| **Fallon Senior Plan*** | 10% | $ 19.96 | 10% | $ 19.96 |
| **Harvard Pilgrim Medicare Enhance** | 10% | 35.59 | 25% | 88.99 |
| **Health New England MedPlus** | 10% | 35.74 | 10% | 35.74 |
| **Tufts Health Plan Medicare Complement** | 10% | 32.52 | 10% | 32.52 |
| **Tufts Health Plan Medicare Preferred*** | 10% | 16.83 | 10% | 16.83 |
| **UniCare State Indemnity Plan/Medicare Extension (OME)** *with* **CIC** (Comprehensive) | 10% | 35.52 | 25% | 88.81 |
| **UniCare State Indemnity Plan/Medicare Extension (OME)** *without* **CIC** (Non-Comprehensive) | 10% | 34.47 | 25% | 51.70 |

*\* Rates are subject to federal approval and may change January 1, 2009.*

### Rates are Calculated by the Gill-Montague Regional School District Benefits Office.

**Rate questions?** Call: 1.413.863.9325